

**TAX  
YEAR**

**DEPARTMENT OF THE TREASURY**  
**ALCOHOL AND TOBACCO TAX AND TRADE BUREAU**  
**SPECIAL TAX "RENEWAL" REGISTRATION AND RETURN**  
 (TAX PERIOD 7/1/2005 – 6/30/2006) (SEE SEPARATE INSTRUCTION SHEET)

**2006  
A & T****SECTION I - TAXPAYER IDENTIFYING INFORMATION**

1. EMPLOYER IDENTIFICATION NUMBER		BUSINESS TELEPHONE ( )		2. OWNERSHIP INFORMATION: (Check One Box Only)	
				<input type="checkbox"/> INDIVIDUAL OWNER	<input type="checkbox"/> PARTNERHIP
				<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER (Specify)
<b>NOTICE: (SEE INSTRUCTIONS 4 – 7)</b>					
		3. TOBACCO PRODUCTS MANUFACTURERS AND TOBACCO EXPORT WAREHOUSE PROPRIETORS (with gross receipts less than \$500,000 for most recent tax year.)			
		4. ALCOHOL FUEL PLANT (receiving and/or producing a total of less than 10,000 proof gallons per calendar year.)			
		5. EDUCATIONAL INSTITUTION (procuring less than 25 gallons of specially denatured alcohol or tax-free alcohol per calendar year.)			

**SECTION II – CORRECTIONS TO PREPRINTED TAXPAYER IDENTIFYING INFORMATION**  
 (Complete ONLY if needed and ONLY for the items requiring changes.)

6. NAME (Last, First, Middle) or CORPORATE NAME (If Corporation)		7. TRADE NAME	
8. MAILING ADDRESS		9. CITY, STATE, ZIP CODE	10. DATE OF CHANGE (mm/dd/yyyy) □□ -- □□ -- □□□□
11. EMPLOYER IDENTIFICATION NUMBER		12. BUSINESS TELEPHONE NUMBER	

**SECTION III – CHANGE IN OWNERSHIP STATUS**  
 (Check and complete as applicable)

13. <input type="checkbox"/> The person identified above no longer owns the business or is no longer engaged in the operations covered by this special tax "renewal" registration and return. (Please complete Section V below. DATE BUSINESS DISCONTINUED _____ (mm/dd/yyyy))
14. <input type="checkbox"/> I am the new owner of the business location identified above. I commenced business operations on _____ (mm/dd/yyyy). Please complete Section II above and Section V below. As needed, correct/change the Special Tax Location Registration Listing information.
15. <b>SECTION IV – TAX COMPUTATIONS</b> (See Enclosed Tax Class Reference Chart)

(a) TAX CLASS	(b) TAX CODE	(c) NUMBER OF LOCATIONS	(d) TAX RATE (\$)	(e) TAX DUE (\$)				
<b>NO TAX DUE REGISTRATION ONLY</b>								
OFFICIAL USE ONLY	FF	FP	I	\$ 0.00				
				16. TOTAL TAX DUE \$ 0.00				

**IF YOU OWE SPECIAL TAX FOR THIS TAX PERIOD, YOU MUST SUBMIT PAYMENT BY JULY 1, 2005**

**MAKE CHECK OR MONEY ORDER PAYABLE TO "ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)", WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK AND SEND IT WITH THE RETURN TO TTB, P.O. BOX 371962, PITTSBURGH, PA 15250-7962**

**SECTION V – TAXPAYER CERTIFICATION**

Under penalties of perjury, I declare that the statements in this return/registration are true and correct to the best of my knowledge and belief; that this return/registration applies only to the specified business and location or, where the return/registration is for more than one location, it applies only to the business operations at the locations specified on the attached Special Tax Location Registration Listing. NOTE: Violation of Title 26, United States Code 7206, with respect to a declaration under penalties of perjury, is punishable upon conviction by a fine of not more than \$100,000 (\$500,000 in the case of a corporation) or imprisonment for not more than 3 years, or both, with the costs of prosecution added thereto.

17. SIGNATURE	18. TITLE	19. DATE
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**DEPARTMENT OF THE TREASURY**  
**ALCOHOL AND TOBACCO TAX AND TRADE BUREAU**  
**SPECIAL TAX LOCATION REGISTRATION LISTING**  
**(RENEWAL BUSINESS - TAX PERIOD 7/1/2005 – 6/30/2006)**

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1. Review and verify that all preprinted business location information is correct.
2. A full street address or rural route description for the actual physical location of the business is required. A post office box number is unacceptable, and if left uncorrected, may delay or prevent registration of the location as required by law.
3. If any preprinted business location information is incorrect, line through the incorrect business location information and clearly print or type the correct business location information.
4. If a business location is no longer in business, line through all preprinted business location information pertaining to that business location; print or type the words "OUT OF BUSINESS"; and, show the date business activities ceased at the business location.
5. Enter business location information for new business locations in the space provided below. Please print or type all business location information entered for each new business locations.

EMPLOYER IDENTIFICATION NUMBER:

TTB LOCATION NUMBER	TAX CLASS CODE	TRADE NAME	LOCATION ADDRESS	CITY, STATE, ZIP CODE	BUSINESS TELEPHONE NUMBER
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**DO NOT WRITE IN THE SPACE BELOW EXCEPT TO ADD A NEW BUSINESS LOCATION**

TRADE NAME		BUSINESS TELEPHONE NUMBER (      )
LOCATION ADDRESS		CITY, STATE, ZIP CODE
TAX CODE	TAX CLASS	DATE NEW LOCATION STARTED BUSINESS (mm/dd/yyyy)

## PAPERWORK REDUCTION ACT

This information is used to ensure compliance by taxpayers with P.L. 100-203, Revenue Act of 1987, P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue laws of the United States. The Alcohol and Tobacco Tax and Trade Bureau (TTB) uses the information to determine and collect the right amount of tax.

The estimated average burden associated with this collection is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Regulations and Procedures Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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**(RENEWAL BUSINESS - TAX PERIOD 7/1/2005 – 6/30/2006)**

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EMPLOYER IDENTIFICATION NUMBER:

[illegible]

**DO NOT WRITE IN THE SPACE BELOW EXCEPT TO ADD A NEW BUSINESS LOCATION**

TRADE NAME		BUSINESS TELEPHONE NUMBER (      )
LOCATION ADDRESS		CITY, STATE, ZIP CODE
TAX CODE	TAX CLASS	DATE NEW LOCATION STARTED BUSINESS (mm/dd/yyyy)